## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P97000108160** May 12, 2000 8:00 am Secretary of State MIRAMAR TRADING HOUSE, INC. 05-12-2000 90069 004 \*\*\*150.00 Mailing Address Principal Place of Business 6151 MIRAMAR PKWY 6151 MIRAMAR PKWY #122 #122 MIRAMAR FL 33023 MIRAMAR FL 33023-3988 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0817065 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired **Fee Required** A 150 ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ROBBINS, ROSE J.D** Street Address (P.O. Box Number is Not Acceptable) 1500 N. OCEAN BLVD., #601 POMPANO BEACH FL 33062 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PVST** ☐ Delete TITLE TITLE DRAGMAN, ROY NAME NAME STREET ADDRESS 6151 MIRAMAR PKWY-#122 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Change ☐ Addition ☐ Delete TITLE DRAGMAN, ROY NAME STREET ADDRESS 6151 MIRAMAR PKWY - #122 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

IPRIL -26-2000